

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043109

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 63
FILED NO. 19 1963

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JASPER TWN.</u>		c. CITY OR TOWN <u>SUNRISE BEACH</u>	
Length of stay in 1b <u>27 YRS.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 Miles South of LAURIE, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>2 Miles S. LAURIE, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Viola</u> Middle <u>ORDELIA</u> Last <u>JOHNSON</u>		4. DATE OF DEATH Month <u>November</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 23 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11a. FATHER'S NAME <u>FRANK McWilliams</u>		11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Shirley Romans</u>		18. NAME OF HUSBAND OR WIFE <u>Widowed -</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3</u> a.m. <u>3</u> p.m. Month, Day, Year <u>Oct 25, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Versailles, Mo.</u>	
20g. COUNTY <u>LAURIE</u>		20h. STATE <u>MO.</u>	
21. I attended the deceased from <u>date of death</u> and last saw him alive on <u>Oct 25, 1963</u> Death occurred at <u>3</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Ray Lyle, M.D.</u> (Degree or title)	
22b. ADDRESS <u>Versailles, Mo.</u>		22c. DATE SIGNED <u>11-15-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov. 12, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ogden Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>LAURIE MO.</u>
24. FUNERAL DIRECTOR <u>SCRIVNER-STEVENSON</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 16-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Zilpha L. Inaw</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Souwer

Licensed Embalmer No. 4880

P. O. Address Vermont, Nev.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.